

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 27 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P09118** (1)
1. Corporation Name
SUB-TROPIC RESEARCH, INC.

Principal Place of Business: **1670 N. FORGE MOUNTAIN DRIVE SUITE 600 VALLEY FORGE PA 19481 US**
Mailing Address: **P.O. BOX 1096 SUITE 600 MEDIA PA 19063 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/17/1986**
3a. Date of Last Report: **08/15/1994**
4. FEI Number: **51-0287135**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.037, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-28) with handwritten "DELETE SUITE 600" in 22 and 27.

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	NAME: DUPONT BAYARD, ALEXIS I	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 19 DICKINSON LANE	CITY- ST- ZIP: WILMINGTON DE	1.2 NAME	
TITLE: PD	NAME: ROTHMAN, FREDERICK P.	1.3 STREET ADDRESS	
STREET ADDRESS: VILLANOVA LAW SCHOOL	CITY- ST- ZIP: VILLANOVA PA	1.4 CITY- ST- ZIP	
TITLE: D	NAME: ADAMS, EDWARD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 28 PRICILLA LANE	CITY- ST- ZIP: CARNEGIE PA	2.2 NAME	<i>WILL BE RESIGNING EFFECTIVE APRIL 1, 1995</i>
TITLE: DS	NAME: DOBBYN, JOHN	2.3 STREET ADDRESS	
STREET ADDRESS: 1670 N. FORGE MT. DR	CITY- ST- ZIP: VALLEY FORGE PA	2.4 CITY- ST- ZIP	
TITLE: D	NAME: GREGG, JOHN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: BOX 452	CITY- ST- ZIP: VALLEY FORGE PA	3.2 NAME	<i>WILL BE RESIGNING EFFECTIVE APRIL 1, 1995</i>
STREET ADDRESS:	CITY- ST- ZIP:	3.3 STREET ADDRESS	
STREET ADDRESS:	CITY- ST- ZIP:	3.4 CITY- ST- ZIP	
STREET ADDRESS:	CITY- ST- ZIP:	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY- ST- ZIP:	4.2 NAME	<i>WILL BE RESIGNING EFFECTIVE APRIL 1, 1995</i>
STREET ADDRESS:	CITY- ST- ZIP:	4.3 STREET ADDRESS	
STREET ADDRESS:	CITY- ST- ZIP:	4.4 CITY- ST- ZIP	
STREET ADDRESS:	CITY- ST- ZIP:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY- ST- ZIP:	5.2 NAME	<i>WILL BE RESIGNING EFFECTIVE APRIL 1, 1995</i>
STREET ADDRESS:	CITY- ST- ZIP:	5.3 STREET ADDRESS	
STREET ADDRESS:	CITY- ST- ZIP:	5.4 CITY- ST- ZIP	
STREET ADDRESS:	CITY- ST- ZIP:	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY- ST- ZIP:	6.2 NAME	
STREET ADDRESS:	CITY- ST- ZIP:	6.3 STREET ADDRESS	
STREET ADDRESS:	CITY- ST- ZIP:	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **FREDERICK P. ROTHMAN** JUN 13, 1995 (610) 519-7041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT